

Name  
in  
Full

Alberta Acree

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

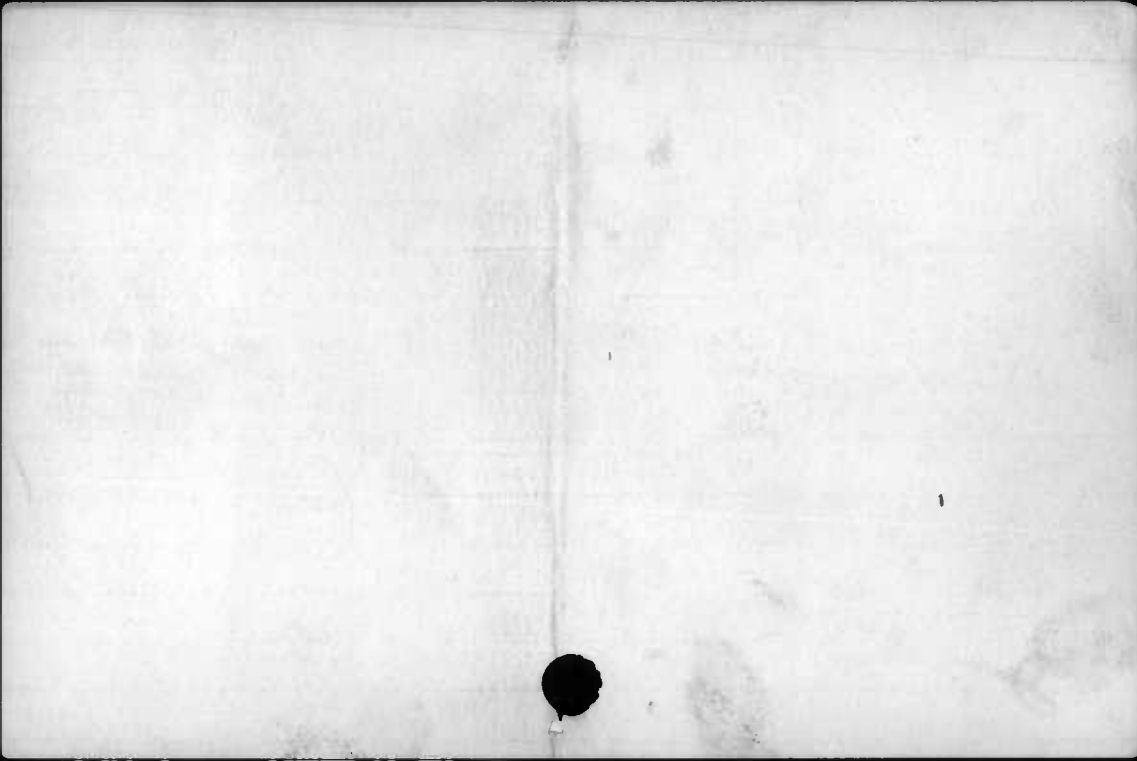
Died at		Town <i>Denton</i>		County <i>Caroline</i>		MARYLAND	
Date of death		1907	Month <i>12</i>	Day <i>6</i>	Age	Years <i>20</i>	Months <i>—</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth- place <i>Maryland</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Wm. Oliver Acree</i>					
Father's Name <i>John Eaton</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>don't know</i>		Mother's Birthplace <i>—</i>					
Name of person giving in formation <i>Wm. Oliver Acree</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	How long <i>1 year</i>
Immediate <i>Pulmonary Tuberculosis</i>	How long <i>1 year</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G. W. Simmond</i>
<i>X</i>	Address <i>Denton</i>
	<i>Md.</i>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Adolph B. Bailey*

Town *Danvers* County *Caroline* MARYLAND

Died at *Danvers*

Date of death 190 *7* Month *2* Day *11* Age *32* Years Months Days

Sex *Male* Color or Race *Black* Birth-place *Ind.*

Occupation *Restaurant Keeper* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Ma L. Bailey*

Father's Name *Geo. H. Bailey* Father's Birthplace *Ind.*

Mother's Maiden Name *Annie Grayman* Mother's Birthplace *Ind.*

Name of person giving Information *—* How related to deceased *Wife*

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary *Pulmonary Tuberculosis* How long *6 months*

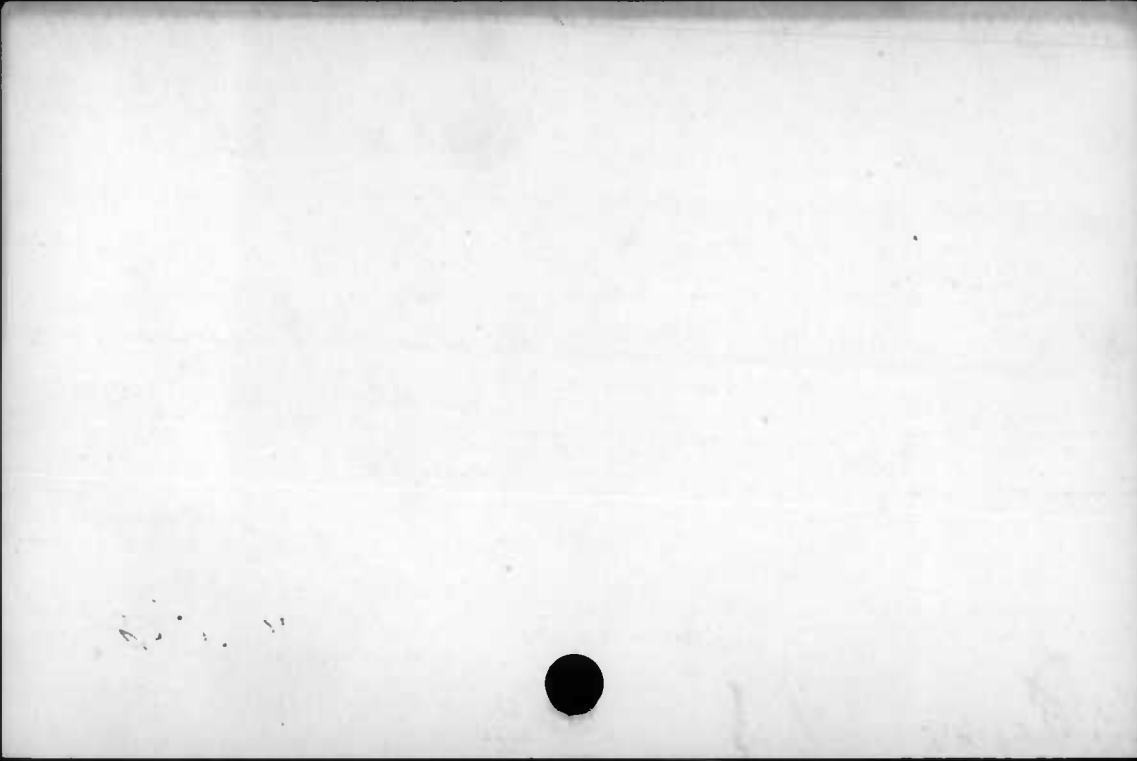
Immediate *Fracture* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A. H. B. Rowe, M.D.*

Address *Fillsboro, Ind.*

Accident or Suicide? *No*



Name  
in  
Full

William A Bartlett

## CERTIFICATE OF DEATH

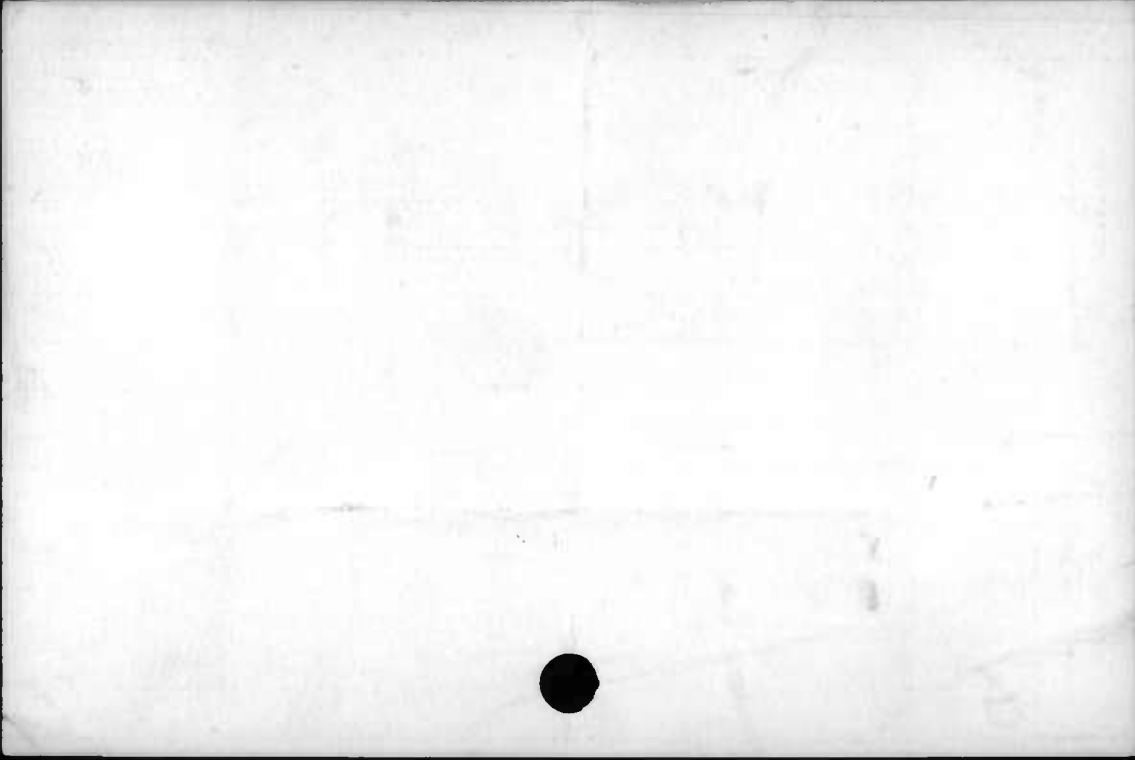
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Dec	10	45	8		
Sex	Male		Color or Race	White		Birth-place	
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	Gertrude Chaffin			
Father's Name	T A Bartlett		Father's Birthplace	Kentucky			
Mother's Maiden Name	Noble		Mother's Birthplace	Kentucky			
Name of person giving information	Clarence Barcus		How related to deceased	None			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid fever		How long	5 weeks
Immediate	Intestinal Hemorrhage & Exhaustion		How long	8 days
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		L. L. L.		
Address		Greensboro Md		
Accident or Suicide?		8		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

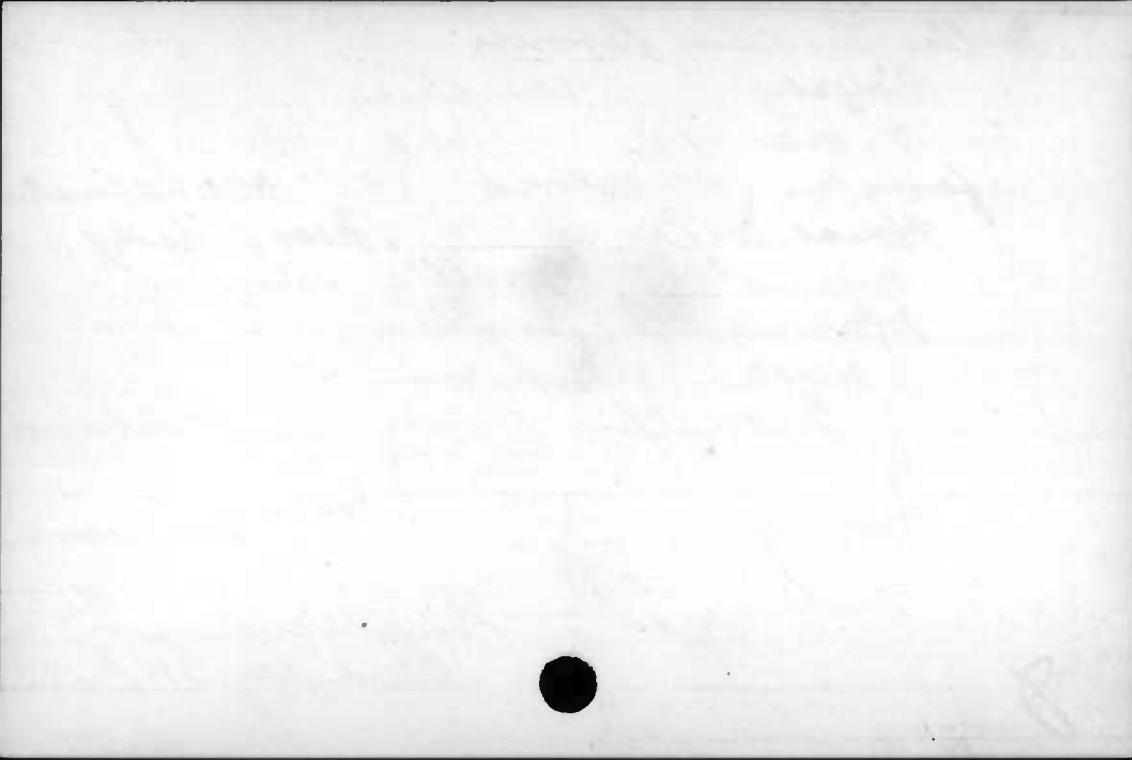
Elizabeth Bordley				County		MARYLAND	
Died at		Town		County			
Ridgely				Caroline			
Date of death	1907	Month	Dec	Day	12	Age	47
Sex		Female		Color or Race		Colored	
Occupation		Servant		Birth-place		Church Hill	
Where Residing if not at place of death		Ridgely					
Married, Single or Widowed		Married		Name of Wife or Husband		Chas. H. Bordley	
Father's Name		Alexander Rasby		Father's Birthplace		Dont know	
Mother's Maiden Name		Fannie Rasby		Mother's Birthplace		Dont know	
Name of person giving information		Louis Leair		How related to deceased		Brother in Law	

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	Heart Disease	How long	
Immediate	apoplexy	How long	3 years
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Henry Hickman Leamer	
Address		Ridgely Md	
Accident or Suicide?			





Name  
in  
Full

Mollie Simpson Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

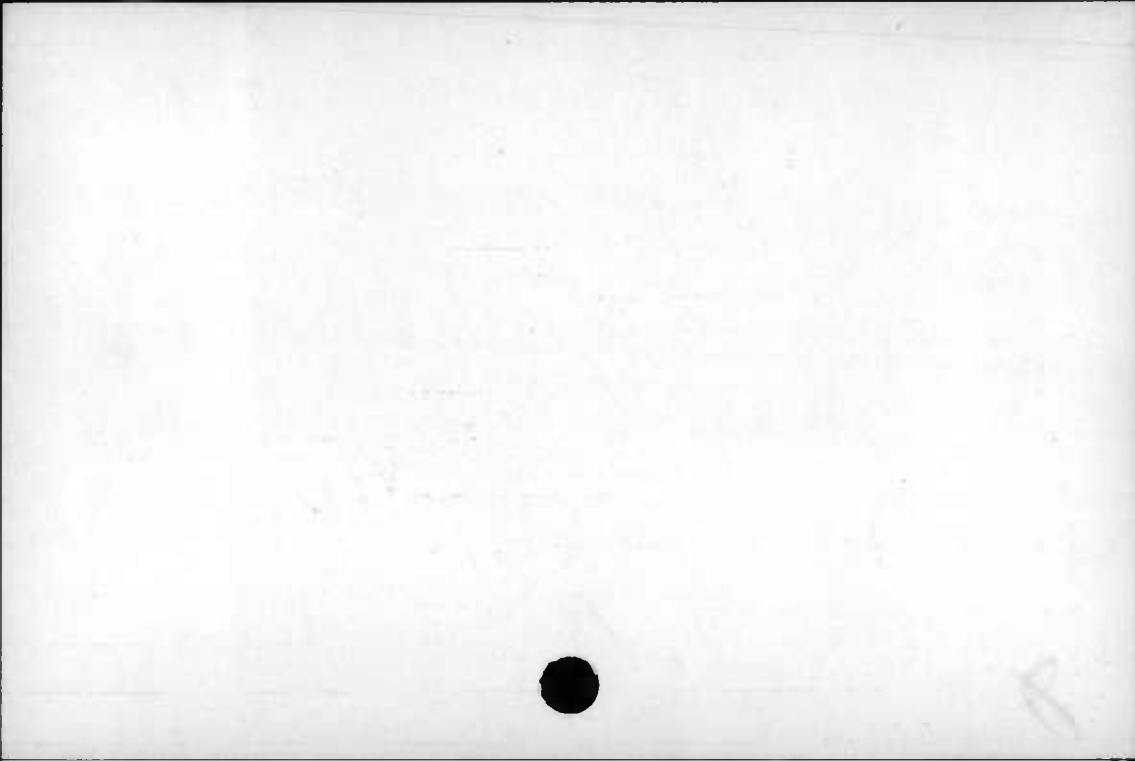
Died at <i>Ridgely</i> <sup>Town</sup>		<i>Caroline</i> <sup>County</sup>		MARYLAND		
Date of death	<i>1907</i>	<i>Dec</i> <sup>Month</sup>	<i>18</i> <sup>Day</sup>	Age <i>30</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>female</i>	Color or Race <i>colored</i>		Birth-place <i>Queenanmsc</i>			
Occupation <i>House wife</i>	Where Residing if not at place of death <i>Near Ridgely</i>					
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Mollie Simpson</i>					
Father's Name <i>Harrison Simpson</i>	Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>Mollie Simpson</i>	Mother's Birthplace <i>—</i>					
Name of person giving information <i>Marcellus Brown</i>	How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

V77

PHYSICIAN  
OR CORONER

Primary <i>Dropsy</i>	How long <i>Two years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Henry Weckman</i> <sup>Crowder</sup>
	Address <i>Ridgely, Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Susan Bryan</i>		Town <i>Federalsburg</i>		County <i>Caroline</i>		MARYLAND	
Died at		Date of death		Age		Months Days	
<i>1907</i>		<i>Dec 4</i>		<i>90</i>			
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>			
Occupation <i>none</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>Robert Bryan</i>					
Father's Name <i>Henry Jones</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Nancy Payne</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Mrs E. J. Wharty</i>		How related to deceased <i>Niece</i>					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>several years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R Kemp Jefferson</i>
	Address <i>Federalsburg Ind</i>
Accident or Suicide?	



Name  
in  
Full

Elijah Cephus.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fredricksburg</i> Town		<i>Stafford</i> County		MARYLAND	
Date of death	1907	Month	12	Day	11
Age		60		Years	
Sex	<i>Female</i>		Color or Race	<i>Cecil</i>	
Occupation	<i>Housewife</i>		Where Residing if not at place of death	<i>Stafford</i>	
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Lavin Cephus</i>	
Father's Name	<i>Mark Cephus</i>		Father's Birthplace	<i>Stafford</i>	
Mother's Maiden Name	<i>Mark Cephus, C. Sharp</i>		Mother's Birthplace	<i>Stafford</i>	
Name of person giving information	<i>Lavin Cephus</i>		How related to deceased	<i>Husband</i>	

## CAUSES OF DEATH

(93)

PHYSICIAN  
OR CORONER

Primary	<i>Emphysema</i>	How long	<i>6 mos.</i>
Immediate	<i>TD pneumonia</i>	How long	<i>2 wks.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician	<i>Geo. F. Galloway</i>
		Address	<i>Fredricksburg, Ind.</i>
Accident or Suicide?	<i>no</i>		



Name  
in  
FullQuincy Wellington Driggers  
Denton  
Caroline

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Date

of death 1907

Month

12

Day

25

Age

Years

—

Months

9

Days

11

Sex

Male

Color or  
Race

Colored

Birth-  
place

Denton

Occupation

—

Where Residing if not  
at place of deathMarried, Single  
or Widowed

—

Name of Wife or  
HusbandFather's  
Name

Abner H. Driggers

Father's  
Birthplace

Ind.

Mother's  
Maiden Name

Minnie Jackson

Mother's  
Birthplace

Del.

Name of person giving  
in formation

Abner H. Driggers

How related  
to deceased

Father

## CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary

Whooping cough

How long

4 mos.

Immediate

Congestion of lungs.

How long

6 days.

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

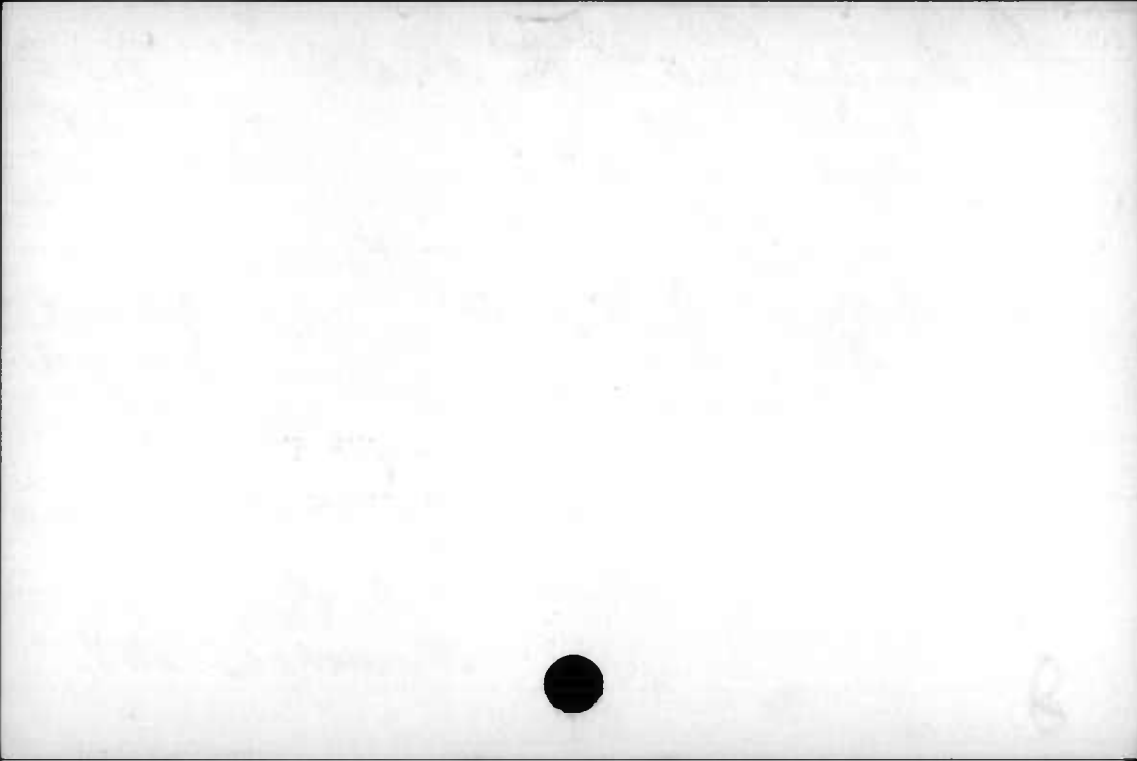
J. W. Sumner

Address

Denton,

Ind.

Accident or Suicide?





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

**William Edwards**

Died at **Greensboro Md.** **Caroline** County  
**MARYLAND**

Date of death **1907** Month **Dec** Day **29** Age **41** Months **7** Days **19**

Sex **Male** Color or Race **White** Birth-place **Delaware**

Occupation **Farming** Where Residing if not at place of death **—**

Married, Single or Widowed **Married** Name of Wife or Husband **Annie Edwards**

Father's Name **Williams D. Edwards** Father's Birthplace **Delaware**

Mother's Maiden Name **Ellen Tribbet** Mother's Birthplace **Delaware**

Name of person giving information **Haywood Edwards** How related to deceased **Brother**

## CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

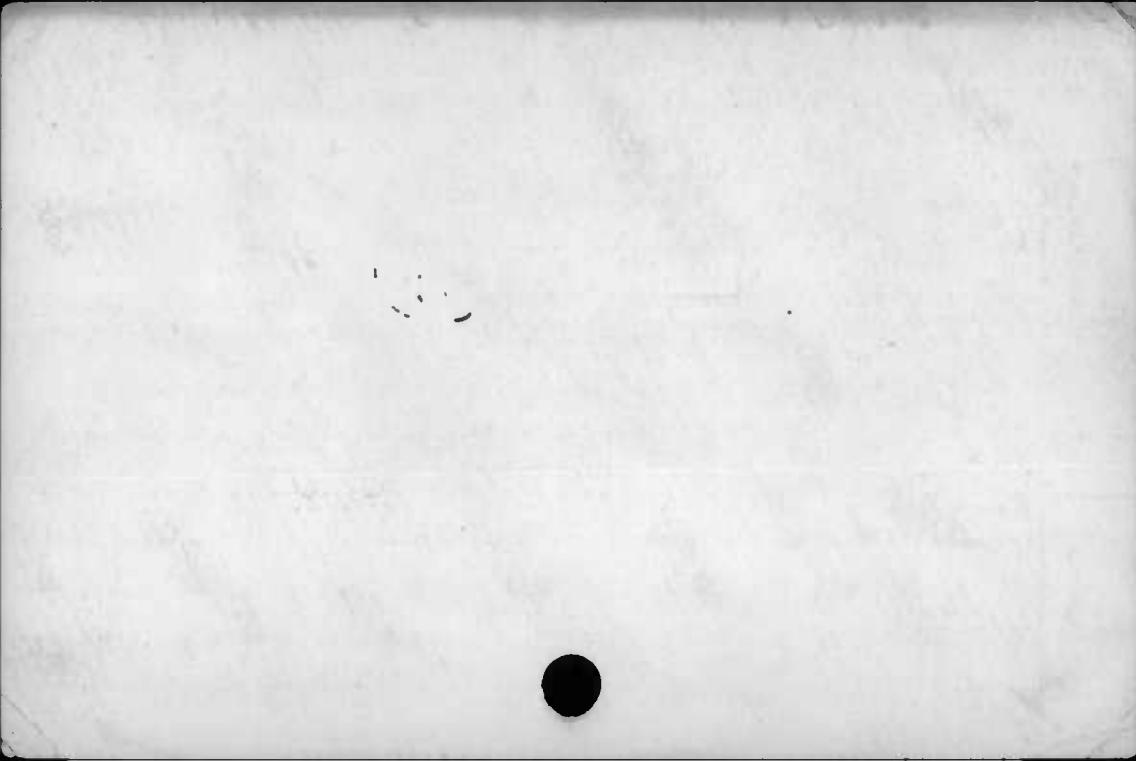
Primary **Pulmonary Tuberculosis** How long **3 yrs & more**

Immediate **Same** How long **—**

Are the name, age, sex, color, date and place correctly given above? **Yes** Signature of Physician **F. D. Carpenter**

Address **Greensboro Md.**

Accident or Suicide? **No.**



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Margaret Griffith -  
Died at <sup>Town</sup> near Goldsboro <sup>County</sup> Caroline

MARYLAND

Date of death 1907 Dec 1 Age 104 Months 11 - Days -

Sex Female Color or Race White Birthplace Delaware

Occupation House wife Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband Bensus

Father's Name James Griffith - Father's Birthplace Unknown

Mother's Maiden Name Mary Morris Mother's Birthplace Unknown

Name of person giving information Alfred Griffith - Grand Son How related to deceased

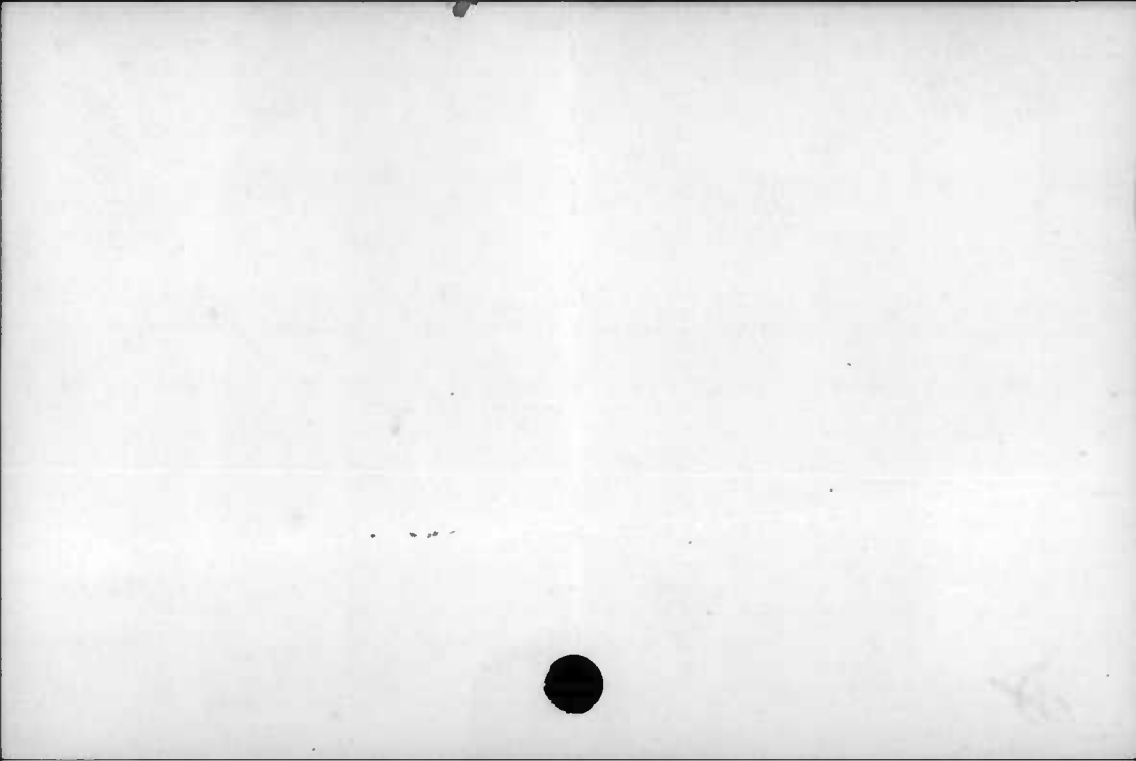
CAUSES OF DEATH

(137)

PHYSICIAN  
OR CORONER

Primary Senile Debility How long Immediate Are the name, age, sex, color, date and place correctly given above? yrs Signature of Physician Address Goldsboro

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Preston</i>		County <i>Caroline</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Dec.</i>	Day <i>9th</i>	Age <i>66</i>	Years	Months <i>1</i>	Days <i>1</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth- place <i>Preston</i>				
Occupation <i>Farming</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>M</i>		Name of Wife or Husband <i>Harriet E. Harris</i>					
Father's Name <i>James Harris</i>				Father's Birthplace <i>Caroline Co., Md.</i>			
Mother's Maiden Name <i>Jane McCullough</i>				Mother's Birthplace <i>New York</i>			
Name of person giving In formation <i>Nellie C. Harris</i>				How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>9</i>
Immediate <i>Uraemic poisoning</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Raymond Downer</i>
	Address <i>Preston Md.</i>
Accident or Suicide?	



Name  
in  
Full

Blanche Hignutt

## CERTIFICATE OF DEATH


TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Smithville</i> <sup>Town</sup>		County <i>Caroline</i>		MARYLAND	
Date of death	1907	Month	Dec	Day	5
Age		Years		Months	9
Sex	female	Color or Race	white	Birth-place	md
Occupation	none	Where Residing if not at place of death			
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	George Hignutt	Father's Birthplace		md	
Mother's Maiden Name	Nora Passwaters	Mother's Birthplace		md	
Name of person giving information	Geo Hignutt	How related to deceased		father	

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Cholera morbus</i>	How long	<i>3 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Frank Palmer</i>
<i>yes</i>		Address	<i>Greenwood Del</i>
			
Accident or Suicide?			

by



Name  
in  
Full

Rosa Holland.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

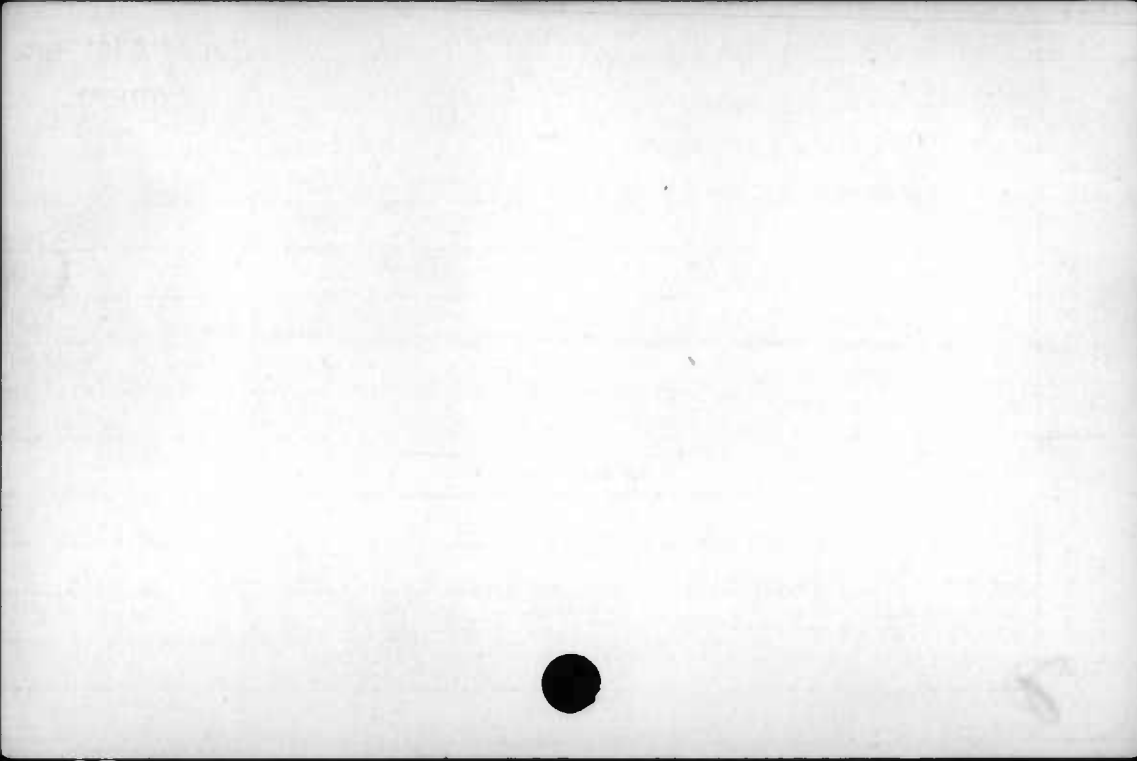
Died <i>Near Denton</i>		County <i>Caroline</i>		MARYLAND	
Date of death	1907	Month	12	Day	7
Age		Years		Months	Days
Sex <i>Female</i>		Color or Race <i>black</i>		Birthplace <i>Near Denton</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Raymond Holland</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Josephine Johnson</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Raymond Holland</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	<i>Don't know never saw</i>	<i>child</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. W. Simmonds</i>
		Address <i>Denton, Md.</i>
Accident or Suicide?		



Name  
in  
Full

Not Named Holmes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

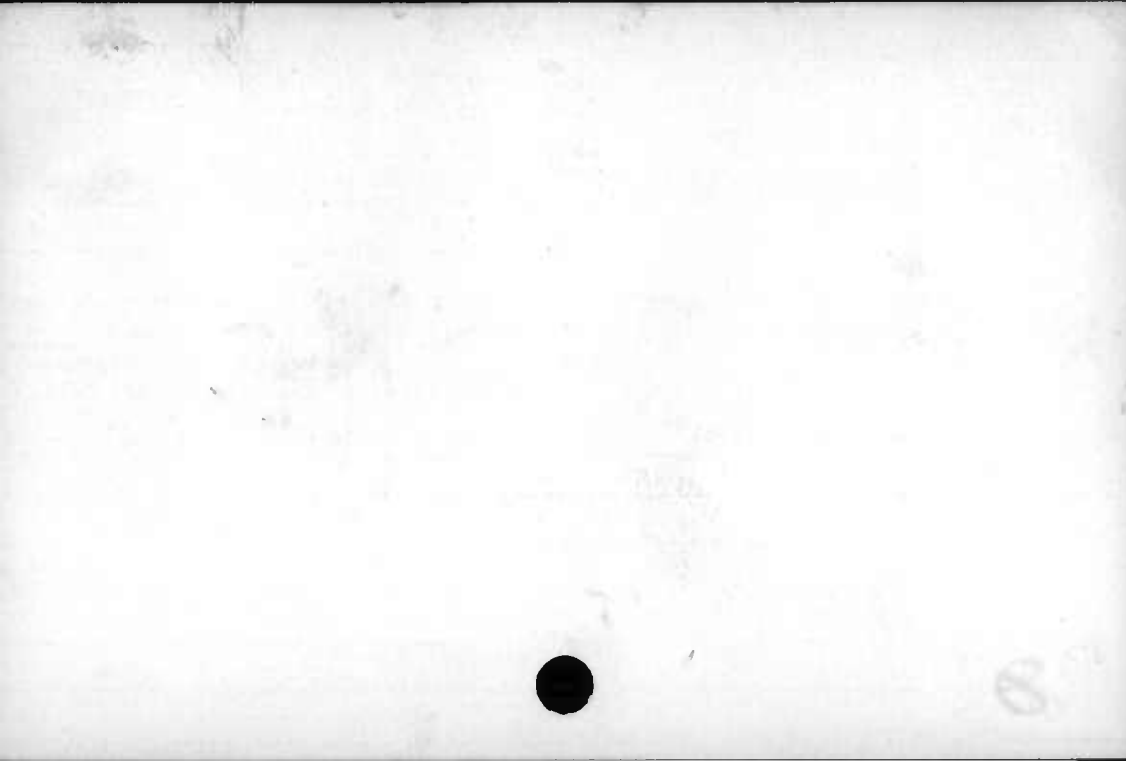
Died at <u>Denton</u> <sup>Town</sup>		<u>Caroline</u> <sup>County</sup>			
Date of death	1907	Month	12	Day	24
Sex	female	Color or Race	Black	Age	—
Occupation				Birth-place	Denton
Married, Single or Widowed			Where Residing if not at place of death		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

71

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Accident or Suicide?	Address



Name  
in  
Full

Samuel H Jones

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

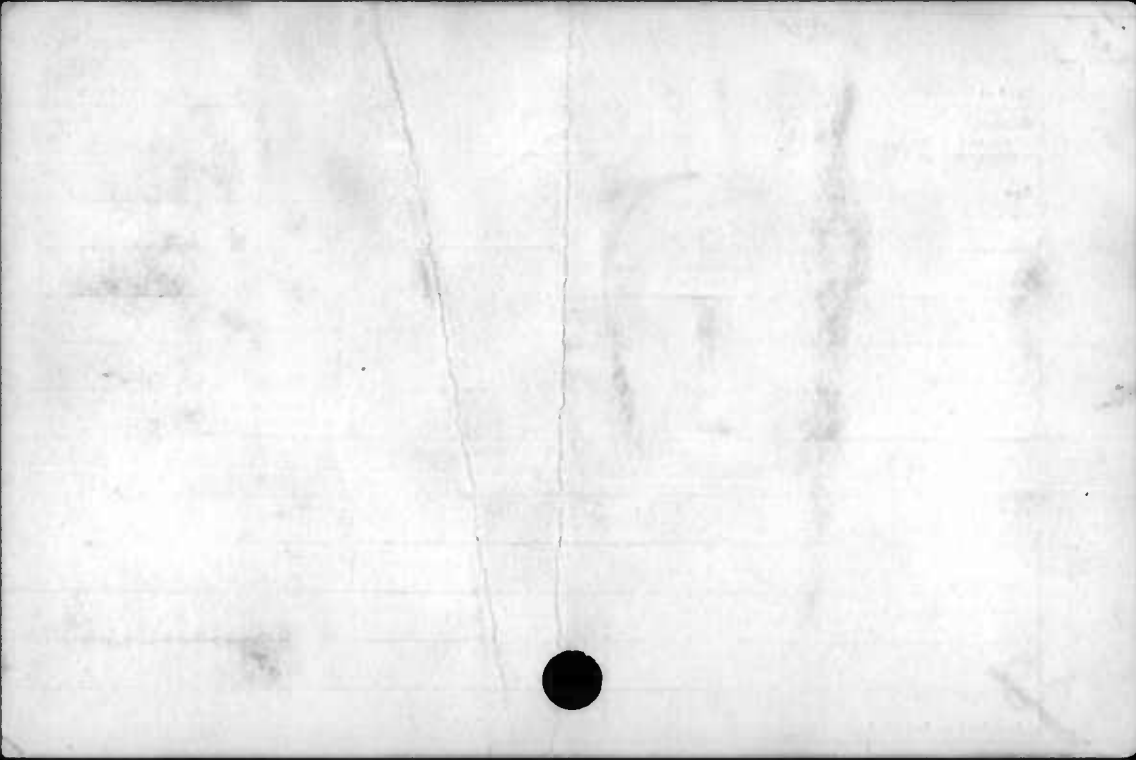
Died at <u>Towmville</u> <sup>Town</sup>		<u>Caroline</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u>	Month <u>12</u>	Day <u>5</u>	Age <u>—</u>	Months <u>8</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Towmville</u>		
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Samuel H Jones</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Sarah Bradley</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>Samuel H Jones</u>		How related to deceased <u>Father</u>			

## CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary <u>Cerebral Pneumonia</u>	How long <u>one week</u>
Immediate <u>weak heart</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. E. Evans</u>
<u>8</u>	Address <u>Marydel, Md.</u>
Accident or Suicide? <u>—</u>	



Name  
in  
Full

Infant Killson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

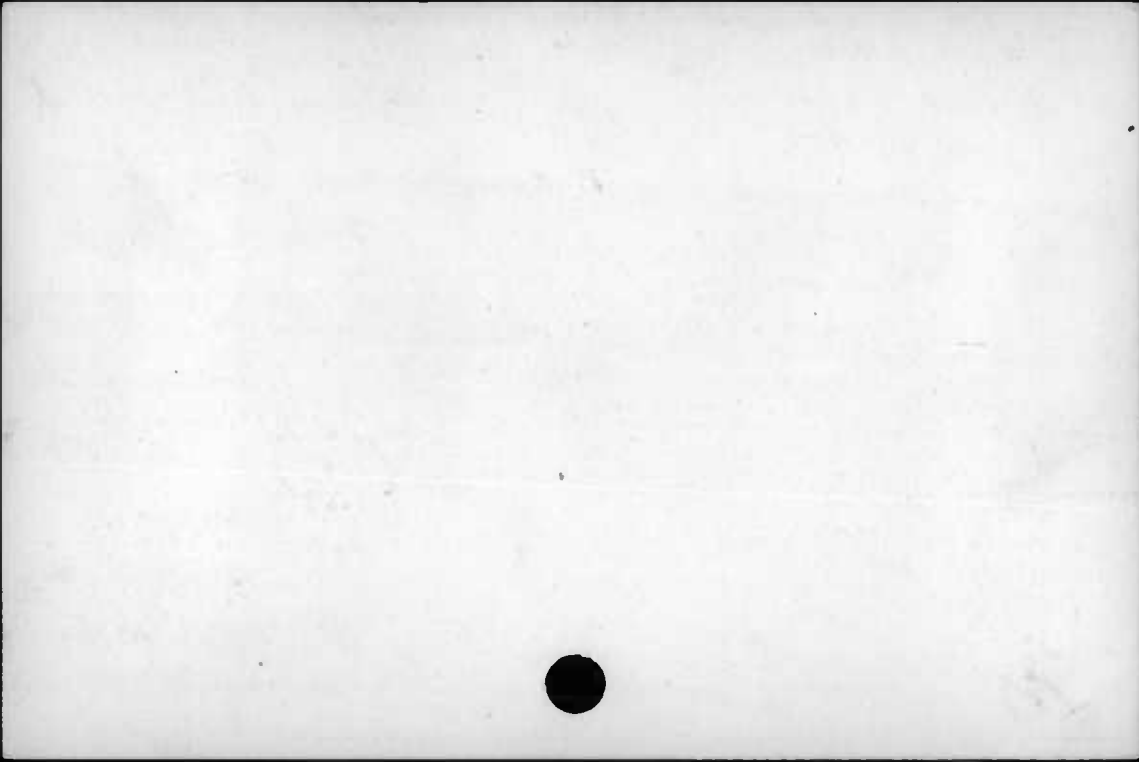
Died at <i>nearoulson</i> <sup>Town</sup> <i>Caroline</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i> <sup>Month</sup> <i>July</i> <sup>Day</sup> <i>8th</i>	Age <i>8</i> <sup>Years</sup>	Months	Days
Sex <i>male</i>	Color <i>Black</i>	Birth-place <i>Nearoulson Md</i>	
Occupation <i>none</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>single</i>	Name of Wife or Husband		
Father's Name <i>Joseph A Killson</i>	Father's Birthplace <i>Caroline County Md</i>		
Mother's Maiden Name <i>Helmina Hockett</i>	Mother's Birthplace <i>Caroline Co Md</i>		
Name of person giving information <i>Joseph A Killson</i>	How related to deceased <i>Father</i>		

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <i>Natural cancer</i>	How long <i>all its life</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>William E. Smith</i>
	Address <i>acting coroner Maryland Md</i>
Accident or Suicide?	





Name  
in  
Full

Clarence Lewis -

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

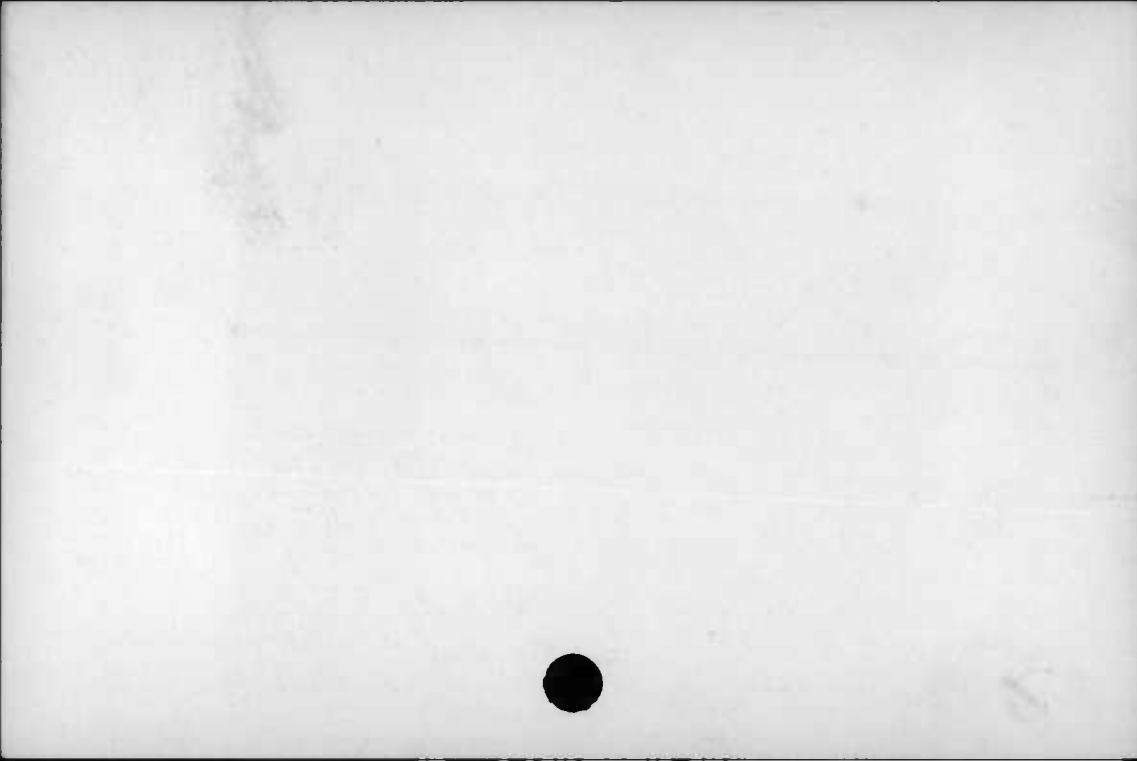
Died at		Town <i>Greenstown</i>		County <i>Calvernie</i>		MARYLAND	
Date of death		Month <i>Dec.</i>	Day <i>4</i>	Age <i>4</i>	Years <i>10</i>	Months <i>10</i>	Days <i>—</i>
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Phila.</i>			
Occupation <i>none</i>				Where Residing if not at place of death <i>Greenstown -</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Amoshear Lewis</i>				Father's Birthplace <i>Manassas Pa</i>			
Mother's Maiden Name <i>Gertie West</i>				Mother's Birthplace <i>Chilpeper Pa</i>			
Name of person giving information <i>Gertie West</i>				How related to deceased <i>mother</i>			

## CAUSES OF DEATH

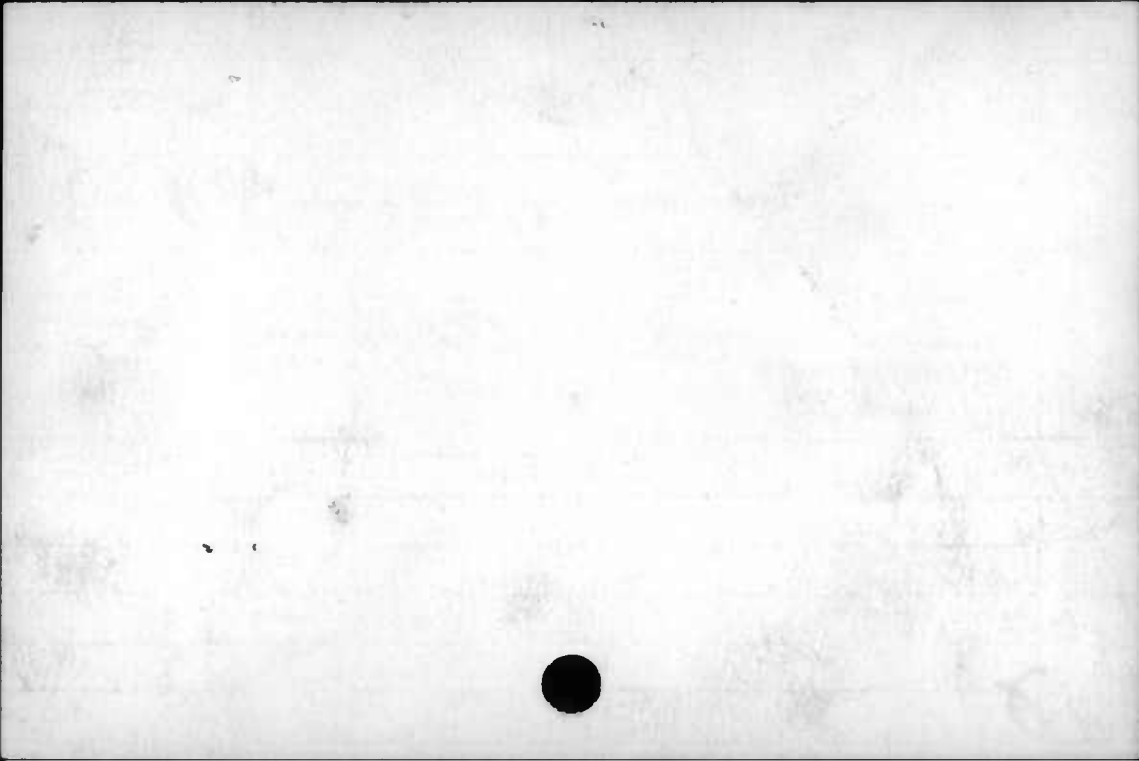
10

PHYSICIAN  
OR CORONER

Primary <i> Grip -</i>	How long <i>2 weeks</i>
Immediate <i>Pneumonia</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. M. A. M.</i>
<i>D</i>	Address <i>Greenstown</i> <i>W.D.</i>
Accident or Suicide?	



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Druton</u> <small>Town</small>		<u>Assenine</u> <small>County</small>	
		Date of death <u>1907</u> <small>Month</small> <u>12</u> <small>Day</small> <u>17</u> <small>Age</small> <u>55</u> <small>Years</small>		<u>55</u> <small>Months</small>	
		Sex <u>Male</u> <small>Color or Race</small> <u>Black</u>		<small>Birth-place</small> <u>Druton</u>	
		<small>Occupation</small> <u>Labourer</u>		<small>Where Residing if not at place of death</small> <u>—</u>	
		<small>Married, Single or Widowed</small> <u>Married</u> <small>Name of Wife or Husband</small> <u>Melvin Lewis</u>			
		<small>Father's Name</small> <u>Isaac Lewis</u>		<small>Father's Birthplace</small> <u>Druton</u>	
		<small>Mother's Maiden Name</small> <u>Adeline Gibson</u>		<small>Mother's Birthplace</small> <u>Druton</u>	
<small>Name of person giving information</small> <u>Chas Lewis</u>		<small>How related to deceased</small> <u>Brother</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		<small>Primary</small> <u>Mucumina</u>		<small>How long</small> <u>4 days</u>	
		<small>Immediate</small> <u>Bright's Disease</u>		<small>How long</small> <u>2 months</u>	
		<small>Are the name, age, sex, color, date and place correctly given above?</small> <u>yes</u>		<small>Signature of Physician</small> <u>F. M. Nichols</u>	
				<small>Address</small> <u>Druton Gmd.</u>	
		<small>Accident or Suicide?</small> <u>—</u>			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

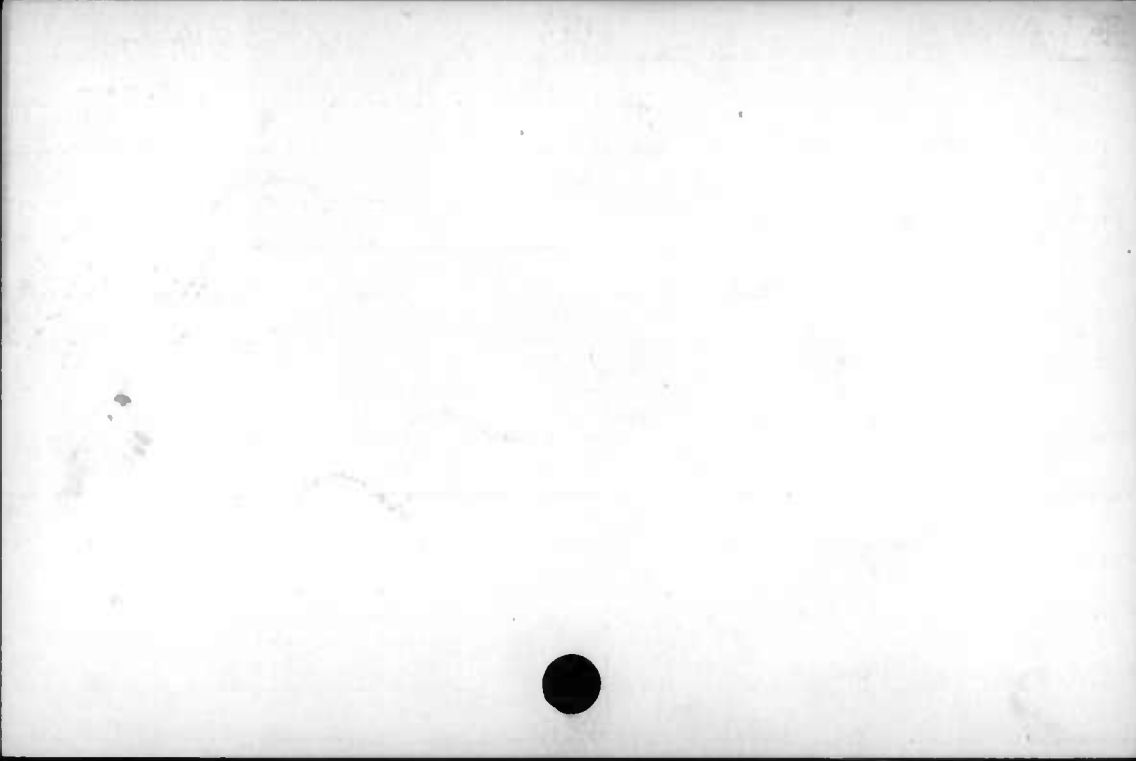
Died at <i>Ridgely Md.</i>		County <i>Caroline Co.</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Dec</i>	Day <i>Sat 14</i>	Age <i>78</i>	Months <i>4</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ireland</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Philadelphia</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Samuel R. Layman</i>				
Father's Name <i>William Kelly</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Thoms.</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>Margaret Layman</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>Indigestion</i>	How long <i>6 months</i>
Immediate <i>Heart failure</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Richards</i>
	Address <i>Ridgely Md.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Nora May

## CERTIFICATE OF DEATH

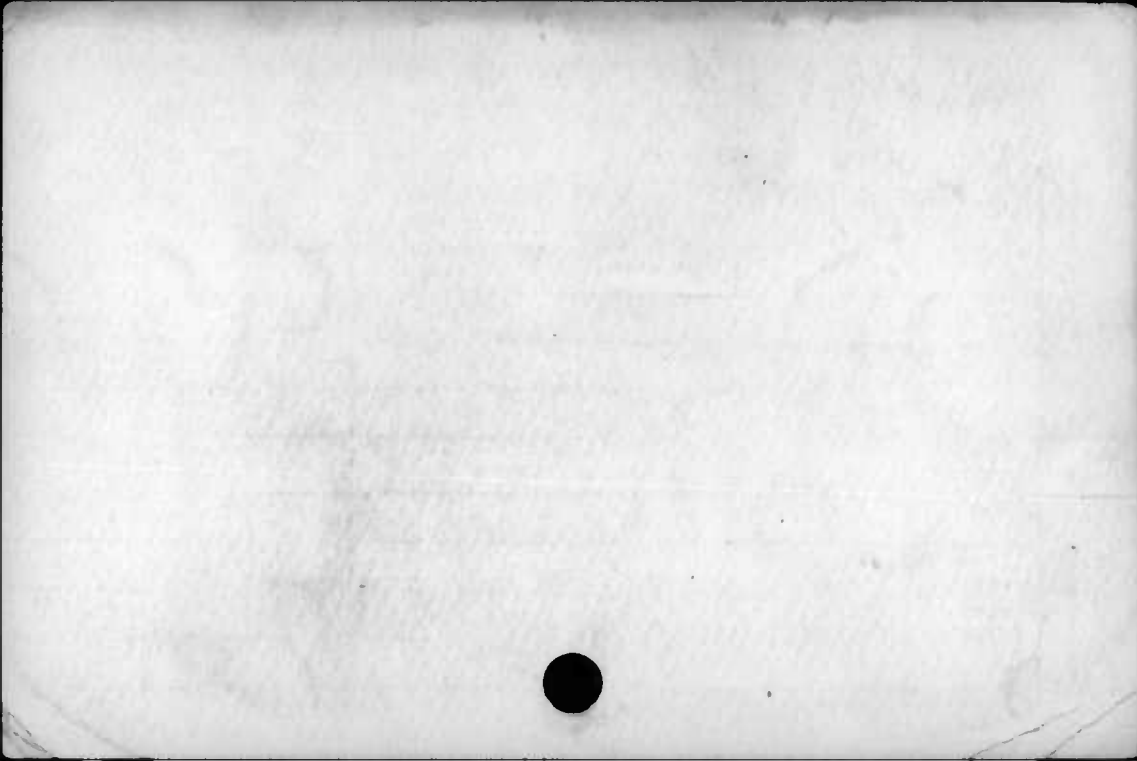
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Bridgeport</i>		Town <i>Bridgeport</i>		County <i>Carmaine</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>12</i>	Day <i>21</i>	Age <i>19</i>	Years <i>7</i>	Months <i>4</i>	Days <i>4</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Dulanore</i>			
Occupation <i>Sales</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Samuel May</i>				Father's Birthplace <i>Del.</i>			
Mother's Maiden Name <i>Bessie Lewis</i>				Mother's Birthplace <i>Del.</i>			
Name of person giving information <i>Foster</i>				How related to deceased <i>Foster</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>2 months</i>
Immediate <i>uraemia</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. R. M. Adams</i>
<i>J</i>	Address <i>Greenboro</i>
	<i>W.D.</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

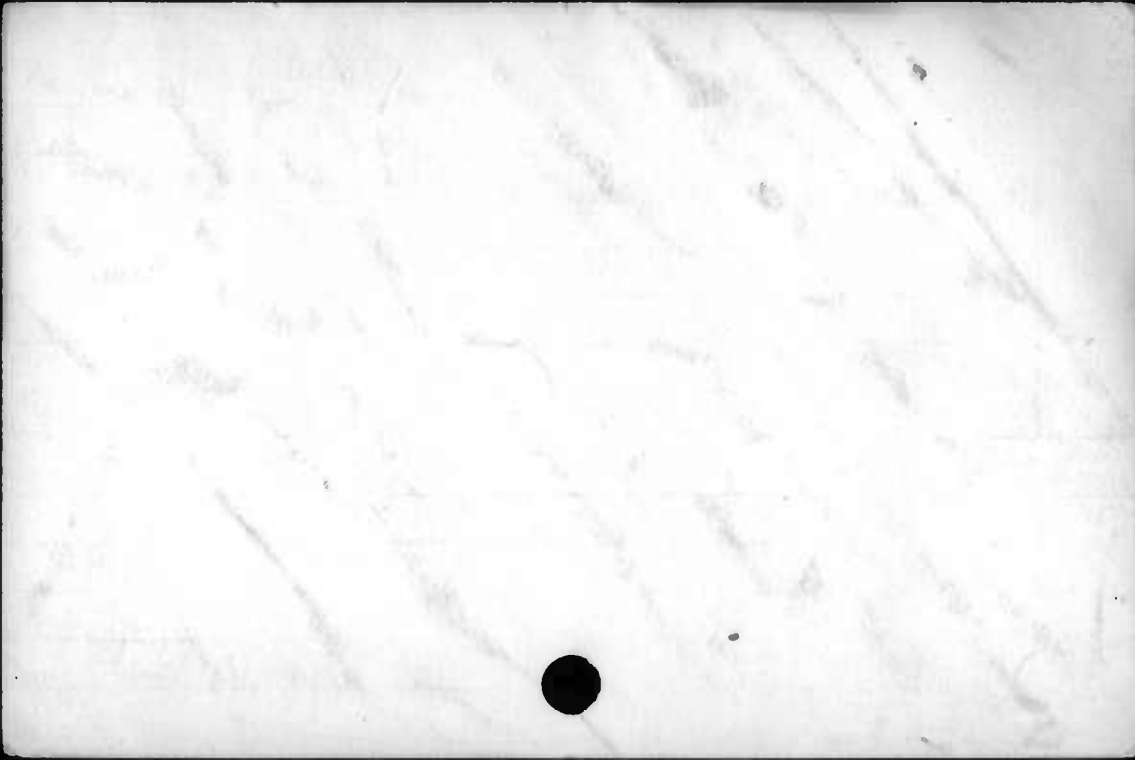
Name in Full <i>Elizabeth Anderson Price</i>		Town <i>Dunderson</i>		County <i>Caroline</i>		MARYLAND	
Died at		Date of death 1907		Age 39 yrs		Months 11 Days 14	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Near Denton</i>			
Occupation <i>House-wife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>M. Price</i>					
Father's Name <i>Thomas Andrews</i>		Father's Birthplace <i>Durham Co.</i>					
Mother's Maiden Name <i>Nancy Collins</i>		Mother's Birthplace <i>Concord</i>					
Name of person giving information <i>M. Anne Price</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Nephritis</i>	How long	<i>2 yrs.</i>
Immediate	<i>Uremic Toxicemia</i>	How long	<i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Elmer Goldstone</i>	
Accident or Suicide?		Address <i>Ind.</i>	



Name  
in  
Full

Robert H. Stewart

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

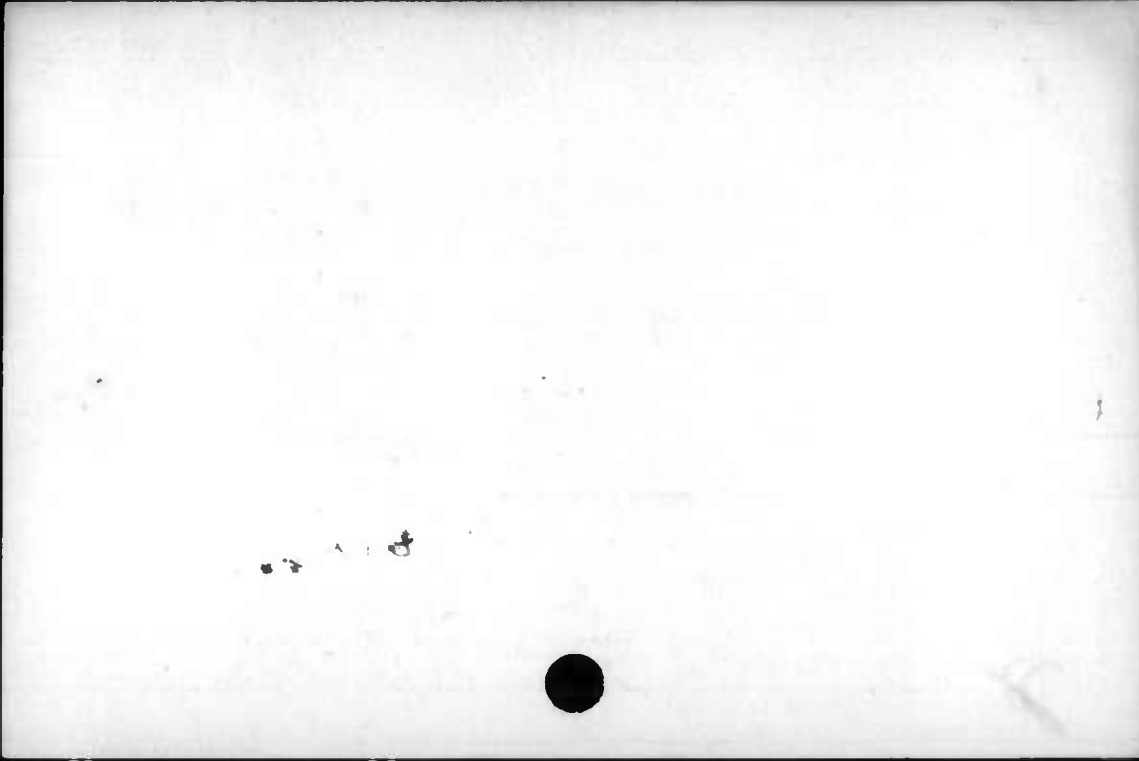
Died at <i>Denton</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>12</i>	Day <i>20</i>	Age <i>86</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Dorchester Co Md</i>		
Occupation <i>Farmer.</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Stewart</i>				
Father's Name <i>Dont know</i>	Father's Birthplace				
Mother's Maiden Name <i>Dont know</i>	Mother's Birthplace				
Name of person giving information <i>Rella Stewart</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

108

PHYSICIAN  
OR CORONER

Primary <i>Strangulated Hernia</i>	How long <i>1 week.</i>
Immediate <i>Heart Failure</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. M. Melrose M.D.</i>
	Address <i>Denton Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

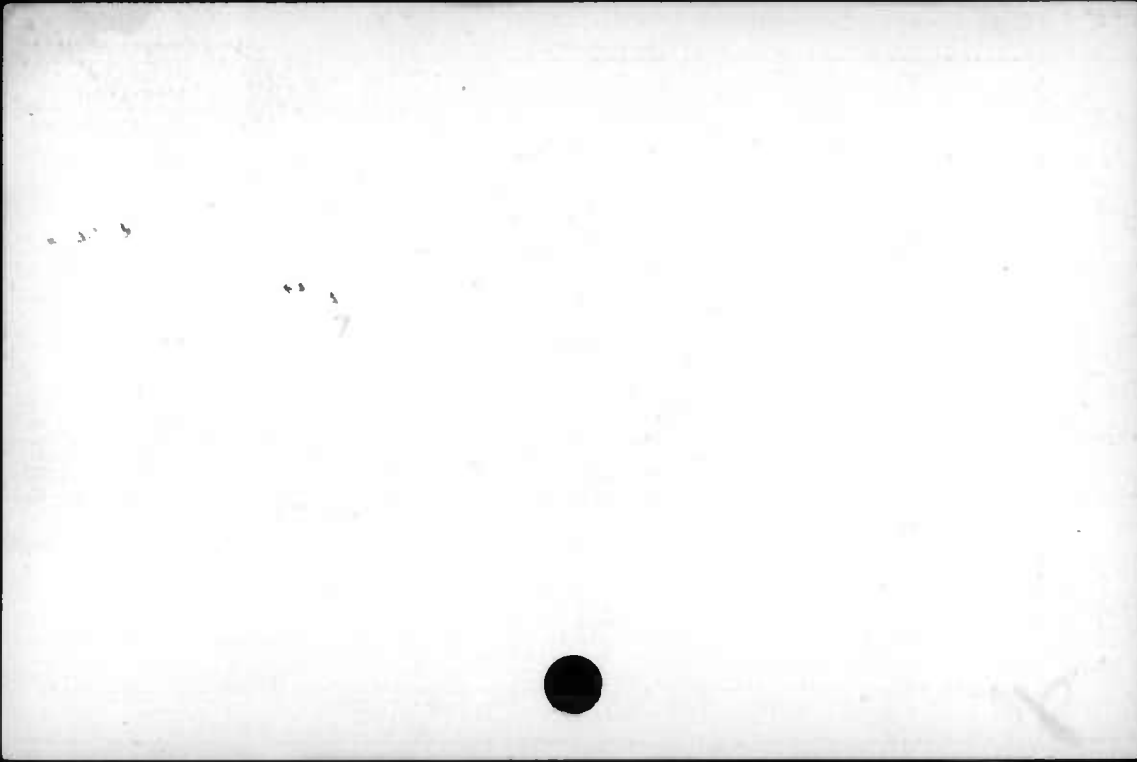
Died at <i>W Chapin</i>		Town <i>Coraline</i>		County		MARYLAND	
Date of death	1907	Month	12	Day	28	Age	75
Sex	Male		Color or Race	White		Birth-place	Del
Occupation	Sailor			Where Residing if not at place of death <i>W Chapin</i>			
Married, Single or Widowed	Married		Name of Wife or Husband <i>Mary J Vane</i>				
Father's Name	Wm Voshell			Father's Birthplace <i>Delaware</i>			
Mother's Maiden Name	Ann Marse			Mother's Birthplace <i>"</i>			
Name of person giving information	Ira Voshell			How related to deceased <i>nephew</i>			

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Nephritis</i>	How long	<i>?</i>
Immediate	<i>Heart failure</i>	How long	<i>3</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Reynaud Devere</i>	
		Address <i>Preston Md</i>	
<input checked="" type="checkbox"/> Accident or Suicide?			



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

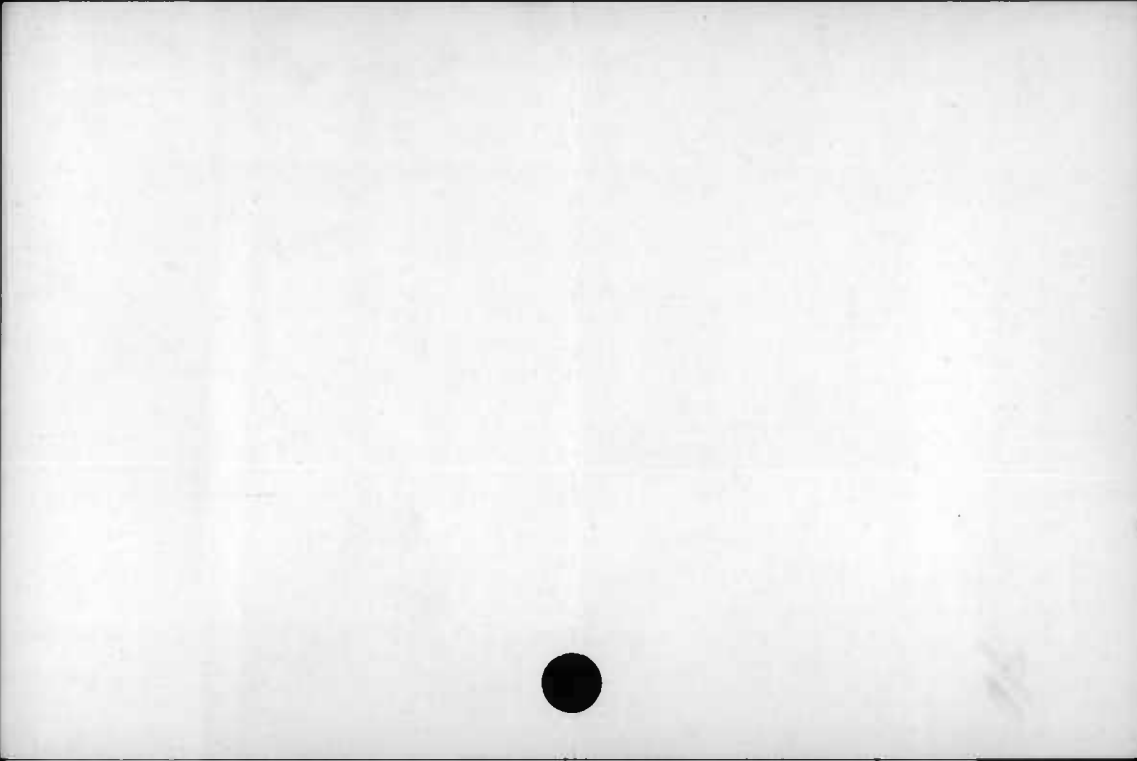
Name <i>Elizabeth Wagner</i>		Town <i>Federalburg</i>		County <i>Caroline</i>		MARYLAND	
Died at		Month <i>Dec</i>		Day <i>12</i>		Years <i>36</i>	
Date of death <i>1907</i>		Months		Days			
Sex <i>female</i>		Color or Race <i>white</i>		Birth- place <i>Pa</i>			
Occupation <i>housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Edward Wagner</i>					
Father's Name <i>Samuel Bover</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Mary L Blank</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving In formation <i>Edw Wagner</i>		How related to deceased <i>husband</i>					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Heart Disease</i>	How long <i>several years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. Kemp Jefferson</i>
<i>J</i>	Address <i>Federalburg Md</i>
Accident or Suicide?	





Name of Child

Certificate of Birth



*Mary Virginia Waldie*  
Town *Federalburg* County *Caroline* MARYLAND  
Born at  
Month *December* Day *14* White ~~Male~~ Living Number of Child: 1st ~~2nd~~ 3rd  
Date 190 *7* ~~Colored~~ Female ~~Still Born~~ 4th 5th 6th 7th 8th 9th  
Father's Name in Full *Joseph Waldie* Age *29*  
Occupation *Farmer* Birthplace *Caroline County*  
Mother's Maiden Name *Lona Francis Kelley* Age *23*  
Occupation *Housewife* Birthplace *Caroline County*  
Reported by *Lizzie M. Parker* Physician, Midwife, Parent  
Address *Federalburg Caroline County*

*File 1907*

If child is not named, send name as early as possible.

LIBRARY BUREAU, 70803



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		12	19		<del>18</del>		12
Sex	Male		Color or Race	White		Birth-place	
Occupation	None		Where Residing if not at place of death		Choptank		
Married, Single or Widowed	Single		Name of Wife or Husband		None		
Father's Name	Eugene Wright					Father's Birthplace	MD
Mother's Maiden Name	Ladell Cooper					Mother's Birthplace	MD
Name of person giving information	Eugene Wright					How related to deceased	Father

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	Unknown	How long	—
Immediate	Unknown	How long	—
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
<input checked="" type="checkbox"/>	Address		
	Preston		
Accident or Suicide?	Mch		

